## ATTACHMENT B

## **Authorized Representatives**

The employees on the attached list are authorized to request, access, and/or use the Confidential Information authorized under this Agreement.

The parties agree that this list may be modified in writing by the LEA. Once received by MDHE, such modified list will become part of this Agreement.

The authorized representatives are required to access the MDHE Secured FAFSA Completion Report at a minimum of every 12 months or MDHE shall inactivate access to the report.

Superintendent of the LEA	
Date:	

## LEA CONTACTS:

Name:	Job Title:	Building/School:

<sup>\*</sup>If the authorized representative will have access to multiple buildings/schools, please list each one of those below that authorized representative.